

UK SHARIAH BOARD

4 Creek Road, Barking IG11 0JH Email: ijazgmd@hotmail.com

MUSLIM FAMILY AFFAIRS DEPT APPLICATION FORM

Applicant's Details Name: Contact No: Address: _____ Post Cod: _____ Nationality: _____ Email: ____ **Spouse Details** Name: Contact No: Address: ______ Post Cod: _____ Nationality: _____ Email: **OFFICE USE ONLY** Nature of Case Case Reference _____ Date Of admission Date of Closure Note/Decision Case Worker

I	nereby declare that the details furnished below are true and
correct to the best o	f my knowledge and belief and authorise the members of
isiamicsnari an board	to deal this case with my spouse on my behalf.
Sign———	Date

Sign —	— Date——
Jigii —	Date

Witness I	Witness 2	
Name —	Name	
Address —		
Contact —	Contact —	
Sign —	Sign —	
pplicant Sign	Date	